the skull over such a sinus can be removed without injuring it and without giving rise to any uncontrollable bleeding or subsequent risk.

Remarking upon the application to cranial surgery of *bone grafting* he stated that after trephining the skull in a case of epilepsy, he had, after closing the dural opening, replaced the two one inch disks of bone which had been removed—they having been, during the half hour intervening between their removal and reintroduction, wrapped in a towel wrung out of warm carbolic solution, which in its turn was then placed in a jar immersed in warm water. After seven weeks the wound was all healed except at a point where a later opening was made for drainage, and the circles of bone appeared to have perfectly united.—*Med. News.* April 16, 1887.

II. Considerations in Connection With a Fracture of Skull by Contre Coup. By PAUL BERGER (Paris) and MLLE. A. KLUMKE (Paris). This paper contains a minute discussion of a case from which the following conclusions are deduced: (1) Independent fractures of the base of the skull, produced at a distance from the point of application of external violence on the skull exist. (2) These fractures occupy by preference the orbital prominences, the lesser wings of the sphenoid, and the cribriform plate; they may also involve the petrous portion of the temporal bone. (3) They ppear to result from the mechanism assigned by Perrin to fractures of the skull by *contre coup*. (4) Intracranial effusions of blood situated between the dura mater and the skull, determined by the rupture of the middle meningeal artery a. the level of a fracture, may occupy the lower region of the middle fossa of the skull and be accompanied by no sign of cerebral compression, even when they attain a considerable volume. (5) Consecutive to a traumatism, a hæmorrhagic focus may be observed in the cerebral substance, produced by *contre coup* at a point opposite to that where the violence was applied, without its being possible to invoke the displacement of the cerebro-spinal fluid as the cause of its production. (6) In recent and considerable traumatisms, there may exist a clearly defined aphasia, without there being any appreciable lesion of the convolution of Broca, of the foot of this convolution, or of the convolutions of the island of Reil. (7) It is impossible then in case of recent traumatism affecting the skull, to depend either exclusively or even principally upon this symptom, to affirm the desirability of trephining or to determine the point for the application of the instrument.—*Revue de chirurgie.* Feb., 1887.

III. The Possibility of Successive Self-Inflicted Cranial and Heart Wounds. By D. Hayes Agnew, M.D., (Philadelphia). From a series of authentic cases of suicide from perforating wounds of the head and heart, the author concludes: (1) That it is possible for a ball to enter the brain without destroying consciousness, though it may for a few moments cause some mental confusion. (2) That a ball may traverse the brain without causing muscular paralysis. (3) That a suicide may with his own hands, if so disposed, first shoot himself in the head, and within the lapse of a minute inflict a similar wound on the heart, and that there are a sufficient number of cases on record to establish the feasibility of the self-infliction of the two shots. (4) That a suicide may first discharge a ball into the chest, wounding the heart, and immediately after send a second ball into the brain. —*American Surgical Association.* 1887.

IV. Removal of Neoplasms of Both Parotid Glands. By John A. Wyeth, M.D., (New York). A woman, æt. 47, began to notice, about six months previously, enlargement of both parotid glands. Against the advice of the surgeons she insisted upon operative interference; the right external carotid and superior thyroid were tied and the corresponding neoplasm was dissected out; three months later the more extensive growth on the opposite side was removed with great difficulty. The tumors were round-celled sarcomata. The patient had facial paralysis on both sides, more marked on the left; she could not close her eyes completely but she had no keratitis; she had no pain and could talk very well, and she could chew without much difficulty, and was not obliged to push the food between the teeth with her fingers, although she was restricted mainly to liquid diet. There was slight power of motion in some of the muscles on the left side of the face, but it was difficult to tell whether it was the group supplied